

<i>SERFF Tracking Number:</i>	<i>SHLI-126962217</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47589</i>
<i>Company Tracking Number:</i>	<i>03H10210</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005C Individual - Other</i>
<i>Product Name:</i>	<i>Patient Protection and Affordable Care Act of 2010</i>		
<i>Project Name/Number:</i>	<i>Health Care Reform/H02</i>		

Filing at a Glance

Company: Shelter Life Insurance Company

Product Name: Patient Protection and
Affordable Care Act of 2010

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005C Individual - Other

Filing Type: Form

SERFF Tr Num: SHLI-126962217 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 47589

Co Tr Num: 03H10210

Authors: Dina Krofta, Berdetta
Moore

Date Submitted: 12/27/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 12/29/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Health Care Reform

Project Number: H02

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 12/29/2010

State Status Changed: 12/29/2010

Created By: Berdetta Moore

Corresponding Filing Tracking Number:
03H10210

Deemer Date:

Submitted By: Berdetta Moore

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

This endorsement is intended to satisfy the requirements of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), jointly referred to as the Affordable Care Act. This endorsement will be attached to the Major Medical coverages on Golden Emblem policies sold by Shelter Life agents from 1969 through 1981. The Golden Emblem policies for Arkansas are H-349, H-349.14, H-349.17, and H-349.20.

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Shelter Life Insurance Company believes the Major Medical Coverage under these policies qualifies it as a "grandfathered health plan."

Once approved, these endorsements will be mailed to the individual policy holders.

Company and Contact

Filing Contact Information

Berdetta Moore, Actuarial Administrative Assistant	blmoore@shelterinsurance.com
1817 W. Broadway	573-214-4832 [Phone]
Columbia, MO 65203	573-214-6942 [FAX]

Filing Company Information

Shelter Life Insurance Company	CoCode: 65757	State of Domicile: Missouri
1817 W. Broadway Street	Group Code: 123	Company Type: Life and Health
Columbia, MO 65203	Group Name:	State ID Number:
(800) 743-5837 ext. [Phone]	FEIN Number: 43-0740882	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Life Insurance Company	\$50.00	12/27/2010	43230036

SERFF Tracking Number: SHLI-126962217 State: Arkansas
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TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/29/2010	12/29/2010

<i>SERFF Tracking Number:</i>	<i>SHLI-126962217</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47589</i>
<i>Company Tracking Number:</i>	<i>03H10210</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005C Individual - Other</i>
<i>Product Name:</i>	<i>Patient Protection and Affordable Care Act of 2010</i>		
<i>Project Name/Number:</i>	<i>Health Care Reform/H02</i>		

Disposition

Disposition Date: 12/29/2010

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SHLI-126962217 State: Arkansas

Filing Company: Shelter Life Insurance Company State Tracking Number: 47589

Company Tracking Number: 03H10210

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other

Product Name: Patient Protection and Affordable Care Act of 2010

Project Name/Number: Health Care Reform/H02

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Patient Protection and Affordable Care Act of 2010	Approved-Closed	Yes

SERFF Tracking Number: SHLI-126962217 State: Arkansas

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Product Name: Patient Protection and Affordable Care Act of 2010

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Form Schedule

Lead Form Number: H-946

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/29/2010	H-946	Certificate	Patient Protection and Affordable Care Act of 2010	Initial		31.500	H-946.pdf



SHELTER LIFE INSURANCE COMPANY
A STOCK COMPANY

1817 WEST BROADWAY

COLUMBIA, MO 65218-0001

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Grandfathered Individual Policy Rider

The Policy to which this Rider is attached and becomes a part, is amended as stated below.

A new section titled "Patient Protection and Affordable Care Act" is hereby added to the Policy as follows:

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Effective immediately, some of the benefits, terms, conditions, limitations, and exclusions contained in Your Policy will change as a result of the Patient Protection and Affordable Care Act of 2010. "Patient Protection and Affordable Care Act of 2010" means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152). Notwithstanding any other provision of Your Policy, the provisions below shall apply. In the event of a conflict between the provisions of any other Section of Your Policy and the provisions of this Rider, the provisions of this Rider shall prevail, except to the extent the provisions of Your Policy are more beneficial to You than are the provisions of this Rider.

GRANDFATHERED HEALTH PLAN DISCLOSURE REQUIREMENT

This health insurance issuer believes this coverage is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that Your Policy may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to: Shelter Life Insurance Company at 1-800-SHELTER (743-5837). You may also contact the Arkansas Insurance Department at (501) 371-2640.

RIGHT TO APPEAL

You have a right to appeal any decision we make that denies payment on Your claim or Your request for coverage of a health care service or treatment.

You may request more explanation when Your claim or request for coverage of a health care service or treatment is denied or the health care service or treatment You received was not fully covered. Contact us at Shelter Life Insurance Company, 1817 West Broadway, Columbia, Missouri 65218 or 1-800-SHELTER (743-5837) when You:

- Do not understand the reason for the denial;
- Do not understand why the health care service or treatment was not fully covered;
- Do not understand why a request for coverage of a health care service or treatment was denied;
- Cannot find the applicable provision in Your Benefit Plan Document;
- Disagree with the denial or the amount not covered and You want to appeal.

If Your claim was denied due to missing or incomplete information, You or Your health care provider may resubmit the claim to us with the necessary information to complete the claim.

Appeals: All appeals for claim denials (or any decision that does not cover expenses You believe should have been covered) must be sent to Shelter Life Insurance Company, 1817 West Broadway, Columbia, Missouri 65218, within **180 days** of the date You receive our denial. We will provide a full and fair review of Your claim by individuals associated with us, but who were not involved in making the initial denial of Your claim. You may provide us with additional information that relates to Your claim and You may request copies of information that we have that pertains to Your claims. We will notify You of our decision in writing within **60 days** of receiving Your appeal. If You do not receive our decision within **60 days** of receiving Your appeal, You may be entitled to file a request for external review.

External Review: We have denied Your request for the provision of or payment for a health care service or course of treatment. You may have a right to have our decision reviewed by independent health care professionals who have no association with us if our decision involved making a judgement as to the medical necessity, appropriateness, health care setting, level of care or effectiveness of the health care service or treatment You requested by submitting a request for external review within **4 months** after receipt of this notice to the Office of the Insurance Director, Arkansas Insurance Department, 1200 W. Third, Little Rock, AR 72201-1904. For standard external review, a decision will be made within **45 days** of receiving Your request. If You have a medical condition that would seriously jeopardize Your life or health or would jeopardize Your ability to regain maximum function if treatment is delayed, You may be entitled to request an **expedited external review** of our denial. If our denial to provide or pay for health care service or course of treatment is based on a determination that the service or treatment is experimental or investigation, You also may be entitled to file a request for external review of our denial. For details, please review Your Policy, contact us or contact Your state insurance department.

QUESTIONS/CONTACT INFORMATION

Questions regarding this Rider can be directed to: Shelter Life Insurance Company at 1-800-SHELTER (743-5837). You may also contact Your State Department of Insurance.

This Rider takes effect immediately. This Rider terminates concurrently with the Policy to which it is attached. It is subject to all the definitions, limitations, exclusions, and conditions of the Policy except as stated.

IN WITNESS WHEREOF:

SHELTER LIFE INSURANCE COMPANY


President and CEO

SERFF Tracking Number: SHLI-126962217 State: Arkansas
 Filing Company: Shelter Life Insurance Company State Tracking Number: 47589
 Company Tracking Number: 03H10210
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
 Product Name: Patient Protection and Affordable Care Act of 2010
 Project Name/Number: Health Care Reform/H02

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	12/29/2010
Comments:		
Attachment:		
CERTIFICATION-FLESCH-ARK.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	12/29/2010
Bypass Reason: We have not sold these since 1981. Do you still require a copy of the application?		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	12/29/2010
Bypass Reason: not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	12/29/2010
Bypass Reason: Not Applicable		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	12/29/2010
Comments:		
Attachment:		
AR PPACA Uniform Compliance Summary.pdf		



SHELTER INSURANCE COMPANIES

SHELTER MUTUAL
SHELTER GENERAL
SHELTER LIFE

CERTIFICATION

This is to certify that the following forms have achieved the indicated Flesch Reading Ease Scores. They do not comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act, due to necessary language needed to comply with the Patient Protection and Affordable Care Act of 2010.

<u>Form No.</u>	<u>Name</u>	<u>Score</u>
H-946	Patient Protection and Affordable Care Act of 2010	31.5

Signed _____
Robert W. Omdal, FSA, MAAA
Chief Actuary – Life and Health
Shelter Life Insurance Company

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
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	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			